

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. _____ Filing Date _____
Applicant _____

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2				
5	1		1			
6		1				
7		1				
8		2				
9	1		1			
10		1				
11		1				
12		3				
13	1		1			
14	1		1			
15	1		1			
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		31		31		31

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		31		31		31

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS